

# YUMA COUNTY TRUANCY PROGRAM

School: \_\_\_\_\_ Date of meeting: \_\_\_\_\_

Student's Name: (please print): \_\_\_\_\_

Student's I.D. # \_\_\_\_\_ Student's D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's/Guardian's Name: (please print): \_\_\_\_\_

School Officials Name: (please print) \_\_\_\_\_

Has the school taken the following steps to ensure the child's attendance?

Letter sent to home to parents/guardian? \_\_\_\_ Yes \_\_\_\_ No

Phone contact made or attempted with parents/guardian? \_\_\_\_ Yes \_\_\_\_ No

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*School Official: Please review each question with the parent/guardian and student. For areas where a problem is ascertained please list what steps will be taken to improve or eliminate the problem.*

#1. Was the parent aware of the absences? \_\_\_\_ Yes \_\_\_\_ No. If yes what were the causes of the absences if, no what does the student say is the reason(s) for the absences.

\_\_\_\_\_  
\_\_\_\_\_

Plan of action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#2. Were the child's absences due to a medical reason?      Yes      No. If yes explain medical reason and why no doctors note.

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Plan of action: \_\_\_\_\_

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#3. Is the student refusing to go to school or does the student go to school but then ditches.    \_ Yes    \_\_\_ No. If yes please explain.

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Plan of action: \_\_\_\_\_

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School official comments:

\_\_\_\_\_

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Parent/Guardians or students comments: \_\_\_\_\_

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By signing below you are acknowledging and verifying: (1) that you have met with your child's school to discuss their attendance; (2) that you have read and reviewed with your child/children the school's Attendance Policies and Procedures found in your school's handbook; and (3) that you have reviewed the letter from the Yuma County Attorney's Officer regarding Truancy laws and consequences. You are also aware that if the student accumulates at least 3 more absences or if the parent/guardian and/or student fails to follow the plans of action set forth herein then a referral to the Juvenile Justice Center will be submitted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date